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## Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

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Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



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## Credit Card Authorization Form

Form Must Be Printed Or Typed

Cardholder Name

### Address

Street

City

State

ZIP Code

### Credit Card Information

Credit Card Type

Card Number

Expiration Month (MM)

Expiration Year (YYYY)

CVV/Security Code

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)  
File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

**Mail this form to one of the following:**

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216  
  
Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)  
P.O. Box 1390  
Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

**Report of Business Trust**  
**(For Domestic or Foreign Business Trust)**  
**Filing Fee \$99**  
**(120-BTS)**  
**Form Must Be Typed**

Name of Business Trust

Any trade name(s) or fictitious name(s) under which trust will conduct business.

Name(s) and Address(es) of Trustee(s)

Name(s)

Address(es)

Location of Principal Office

Mailing Address

City

State

ZIP Code

**If principal office is outside of Ohio, location of principal office in Ohio, if any.**

Mailing Address

City

State

ZIP Code

**The Name and Address within Ohio of a designated agent upon whom process against the business trust may be served.**

Name of Statutory Agent

Mailing Address

City

State

ZIP Code

The above named business trust irrevocably consents to service of process on its designated agent and to service of process upon the Secretary of State if, without the resignation of another agent with the Secretary of State, its designated agent has died, resigned, lost authority, dissolved, become disqualified, or has removed from this state, or if its designated agent cannot, with due diligence, be found.

**Please attach an executed copy of the trust instrument or a true and correct copy of it, certified to be such by a trustee before an official authorized to administer oaths or by a public official in another state in whose office an executed copy is on file.**

# Instructions for Report of Business Trust

Pursuant to section 1746.04 of the Revised Code, this form should be used to if a business trust will be transacting business in Ohio. In addition to the form, attached must be an executed copy of the trust instrument or a true and correct copy of it, notarized by a trustee or by a public official in another state in whose office an executed copy is on file.

## **Name(s) of Business Trust**

Please provide the name of the business trust and any trade name(s)/fictitious name(s) under which it will do business in Ohio.

## **Name(s) and Address(es) of Trustee(s)**

Please provide the name(s) and address(es) of the trustee(s).

## **Location**

Please provide the address of the trust's principal office. In the case of a foreign trust, the address of its principal office in Ohio, if any. If there is no principal office in Ohio, please leave that section blank.

## **Appointment of Statutory Agent**

Please provide the name and mailing address of a statutory agent. The agent must be located in Ohio.

## **Service of Process**

By completing this form, the trust gives irrevocable consent to service of process upon its designated agent and to service of process upon the secretary of state if, without the registration of another agent with the secretary of state, its designated agent has died, resigned, lost authority, dissolved, become disqualified, or has removed from Ohio, or if its designated agent cannot, with due diligence, be found.

## **Trust Instrument**

Attached must be an executed copy of the trust instrument or a true and correct copy of it, certified to be such by a trustee before a notary or by a public official in another state in whose office an executed copy is on file. Section 1746.05 of the Revised Code sets forth the requirements for the trust instrument which include: the name of the trust, location, purpose, share information, and other necessary provisions.

## **Signature**

Section 1746.04 of the Revised Code requires the notarized signature to be contained on the attached trust instrument.